

State of Colorado
Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

BRADENHEAD TEST REPORT

Step 1. Record all tubing and casing pressures as found.
Step 2. Sample now, if intermediate or surface casing pressure >25 psi in sensitive areas, 1 psi.
Step 3. Conduct Bradenhead test.
Step 4. Conduct Intermediate casing test.
Step 5. Send report to BLM within 30 days and to OGCC within 10 days. Include wellbore diagram if not previously submitted or if wellbore configuration has changed since prior program. Attach gas and liquid analyses if sampled.

1 OGCC Operator Number: 19084		11 Date of Test: 10-7-15	
2 Name of Operator: Pioneer Natural Resources USA INC		3 BLM Lease No:	
4 API Number: 05-071-96546-000		5 Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6 Well Name: Weston		7 Location (Dir/Oil, Sec, Typ, Rng, Meridian): SE NW 31 33S 65W	
8 County: Las Animas		9 Field Name: Purgatoire River	
10 Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian		12 Well Status: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Shut In <input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection <input type="checkbox"/> Clock/Intermittent <input type="checkbox"/> Plunger Lift	
13 Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?		14 STEP 1: EXISTING PRESSURES	
Record all pressures as found	Tubing: 53 Fm:	Prod Casing: 2 Fm:	Intermediate Casing: Surface Casing:
15 STEP 2: See instructions above			

STEP 3: BRADENHEAD TEST					
Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Elapsed Time (Min Sec)	Fm Tubing	Fm Tubing	Production Casing PSIG
With gauges monitoring production, intermediate casing and tubing pressures, open surface casing (bradenhead) valve (if no intermediate casing, monitor only the production casing and tubing pressures.) Record pressures at five minute intervals. Define characteristics of flow in "Bradenhead Flow" column using letter designations below. O = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas		00	53	2	0
		05			
		10			
		15			
		20			
		25			
		30			
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		Note instantaneous Bradenhead PSIG at end of test: >			
Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/> Other (describe):					
Sample cylinder number:					

STEP 4: INTERMEDIATE CASING TEST					
Buried valve? <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> No		Elapsed Time (Min Sec)	Fm Tubing	Fm Tubing	Production Casing PSIG
With gauges monitoring production casing and tubing pressures, open the intermediate casing valve. Record pressures at five minute intervals. Characterize flow in "Intermediate Flow" column using letter designations below. O = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas		00			
		05			
		10			
		15			
		20			
		25			
		30			
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		Note instantaneous Intermediate Casing PSIG at end of test: >			
Character of intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/> Other (describe):					
Sample cylinder number:					
18 Comments: No flow on Bradenhead					

19 STEP 5: See instructions above

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete

Test Performed by: Bryan Mangino Title: _____ Phone: 719-859-0514

Signed: Bryan Mangino Title: _____ Date: 10-7-15

WITNESSED BY: _____ Title: _____ Agency: _____